# Police Committee REPORT OF RECEPTS AND ISBURSEMENTS

S	Delbert Hosemann ECRETARY OF STATE	A
K	MAY 1 0 2016	
	Campaign Finance Secretary of State	

Name of Committee Committee to Re-Elect Jim Kitchen	MES & ST.	MAT 1 0 2010
Address Post Office Box 768, Crystal Springs, MS 39059	County_Copiah	Campaign Finance Secretary of State
Telephone	Fax 601-500-5391	
Treasurer John W. Kitchens	Email Address john@kitchensforjustice	.com
Check here if above is different from previous report		
X May 10, 2016 Periodic Report (January 1, 2016, through April	/PE OF REPORT	Mandatan
June 10, 2016 Periodic Report (May 1, 2016, through May 31,	, 2016)	Mandatory
July 8, 2016 Periodic Report (June 1, 2016, through June 30,	2016)	Mandatory
October 10, 2016 Periodic Report (July 1, 2016, through Sept	ember 30, 2016)	Mandatory
November 1, 2016 Pre-Election Report (October 1, 2016, thro	ough October 29, 2016)	Mandatory
	All General and Special Election Can	ndidates and Political Committees
November 22, 2016 Pre-Runoff Report (October 30, 2016, thr	ough November 19, 2016)	Runoff Candidates Only
	All Candidates and Political C	committees in a Runoff Election
January 10, 2017 Periodic Report (October 1, 2016, through I	December 31, 2016)	Mandatory
Termination Report (Candidate will no longer accept contributions or outstanding campaign debt obligation)	make campaign expenditures and has no	Required to terminate reporting obligations

**IMPORTANT** 

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

	Itemized	+ Non-itemized	BUTIONS AND DISBURSEMENTS This Period	Calendar Year-To-Date
Total amount of contributions	\$ 53,750.00	+ \$400.00	\$ 54,150.00	\$ 54,150.00
Total amount of disbursements	\$37,807.93	+\$0.00	\$ 37,807.93	\$ 37,807.93
Total amount of cash on hand			\$ 16,342.07	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

| May 10, 2016 |
| Signature of Director or Treasurer | Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in finos of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should ratum form to Secretary of State, Elections Division, P. Q. Box 136, Jackson, MS 39205 or fax to 601-576-2545

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk

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Name of Candidate or Committee	Committee to Re-Elect Jim	Kitchens
Reporting period January 1. 2016	through	April 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<del></del>	uno periou
Matthew W. Kitchens	03 / 08 / 16	\$ 5,000.00
Mailing Address		10.000 AA
Post Office Box 799		\$
City, State, Zip Code		
Crystal Springs, MS 39059		\$
Name of Employer (Required)		
Kitchens Law Firm, P.A.		\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 5,000.00
B. Source: Corporation PAC   Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	[02] 1 [02] 1 [12]	
Daniel W. Kitchens	03 / 08 / 16	\$  5,000.00
Mailing Address		
Post Office Box 799		\$
City, State, Zip Code		
Crystal Springs, MS 39059	<u>                                   </u>	\$
Name of Employer (Required)		
Kitchens Law Firm, P.A.		\$
Occupation (Required)	Aggregate	e -
Attorney	year-to-date	\$ 5,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		
John W. Kitchens	03 / 08 / 16	\$ 5,000.00
Mailing Address		
Post Office Box 799	<u> </u>	\$
City, State, Zip Code		
Crystal Springs, MS 39059	느/느/느	\$
lame of Employer (Required)		
Kitchens Law Firm, P.A.	<u> </u>	\$
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	Ψ [5,000.00
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	03 / 10 / 16	<u> </u>
ames D. Shannon	103 / 110 / 116	\$ 5,000.00
Mailing Address		\$ [
100 West Gallatin Street	Land / Land / Land	¥
City, State, Zip Code Hazlehurst, MS 39083		\$ [
lame of Employer (Required)		
MINE OF CHOUCAST (MACHINAL)		
		\$ [
hannon Law Firm, PLLC		\$ [
	Aggregate year-to-date	\$ 5,000.00

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Name of Candidate or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period January 1, 2016		through	April 30, 2016

	. –	
A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		una perioa
David W. Baria	03 / 17 / 16	\$ 1,000.00
Mailing Address		Andrew Market Street
544 Main Street		\$
City, State, Zip Code		
Bay St. Louis, MS 39520		\$
Name of Employer (Required)		* [
Baria-Jones, PLLC	[   -   -   -   -   -   -   -   -   -	\$
Occupation (Required)	Aggregate	\$ 1,000.00
Attorney	year-to-date	<b>▼ [1,000.00</b>
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Brandon C. Jones	03 / 17 / 16	\$ 1,000.00
Malling Address		
4316 Old Canton Road, Suite 100A	트/트/트	\$
City, State, Zip Code	<del>_</del>	
Jackson, MS 39211	<u> </u>	\$
Name of Employer (Required)		
Baria-Jones, PLLC	<u>                                   </u>	\$
Occupation (Required)	Aggregate	<b>*</b> [
Attorney	year-to-date	\$ 1,000.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt
· · · · · · · · · · · · · · · · · · ·		this period
Full name Stephen J. Herman	03 / 25 / 16	\$ 5,000.00
Walling Address		Tenienae, en men anno anno anno anno anno anno anno an
820 O'Keefe Avenue		\$
City, State, Zip Code	, , , , , , , , , , , , , , , , , , ,	The second secon
New Orleans, LA 70113	<u>                                   </u>	\$
Name of Employer (Required)	<del>                                     </del>	
Herman, Herman & Katz	<u>                                   </u>	\$
Occupation (Required)	Aggregate	\$ 5,000.00
Attorney	year-to-date	<b>Ф</b> 12'000'00
O. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	03 / 22 / 16	e [
Russ Herman	<u> </u>	\$ 5,000.00
Mailing Address		\$
320 O'Keefe Avenue		¥
City, State, Zip Code New Orleans, LA 70113		\$
lame of Employer (Required)		•
Herman, Herman & Katz	<u>                                   </u>	\$
Occupation (Required)	Aggregate	<b>*</b>
Attorney	Aggregate year–to-date	\$ 5.000.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1. 2016	through April 30, 2016

		<u> </u>
A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)   Full name	(,	this period
Shane F. Langston	03 / 24 / 16	\$ 1,500.00
Share F. Langston Mailing Address		Y ITAONOV
		\$
1161 La Miranda Court		
City, State, Zip Code		\$
Southlake, TX 76092	<u> </u>	<b>4</b> 1
Name of Employer (Required)		\$
Self	<u> </u>	3
Occupation (Required) Attorney at Law	Aggregate	\$ 1,500,00
	year-to-date	* [1,300,00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	04 / 07, / 16	*
John G. Clark	102 100 110	\$ 500.00
Malling Address		_
Post Office Drawer 1268	[ [ [ ] [ ] [ ]	\$
City, State, Zip Code		
Pascagoula, MS 39568		\$
Name of Employer (Required)		
Kerley & Clark	│ <u>└</u> / <u>└</u> /	\$
Occupation (Required)	Aggregate	
Attorney	year-to-date	\$ 500.00
C. Source Corporation PAC Individual Loan	, , , , , , , , , , , , , , , , , , , ,	Amount of each
the state of the s	·	
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Other (please specify)	(Mo., Day, Year)	receipt this period
		receipt
Full name Willie Bozeman Mailing Address	(Mo., Day, Year)	receipt this period
Full name Wille Bozeman	(Mo., Day, Year)	receipt this period
Full name Willie Bozeman Mailing Address	(Mo., Day, Year)	receipt this period  \$ 1,000,00
Eull name Willie Bozeman Wailing Address Post Office Box 1038	(Mo., Day, Year)	receipt this period
Eull name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code	(Mo., Day, Year)	receipt this period  \$ 1,000.00  \$
Full name Willie Bozeman Mailing Address Post Office Box 1038 City, State, Zip Code Jackson, MS 39215	(Mo., Day, Year)	receipt this period  \$ 1,000,00
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required) Self-Employed Occupation (Required)	(Mo., Day, Year)	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required) Self-Employed Docupation (Required)	(Mo., Day, Year)  04 / 07 / 16  1	receipt this period  \$ 1,000.00  \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required) Self-Employed Occupation (Required)	(Mo., Day, Year)  04 / 07 / 16  1 / 1 / 1  Aggregate year-to-date	receipt this period  \$ 1,000.00  \$
Eull name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Self-Employed  Occupation (Required)  Lobbyist  D. Source: Corporation PAC / Individual Loan	(Mo., Day, Year)  04 / 07 / 16  1 / 1 / 1  Aggregate	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required) Self-Employed Docupation (Required) Lobbyist D. Source: Corporation PAC / Individual Loan  Other (please specify)	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required) Self-Employed Docupation (Required) Lobbyist D. Source: Corporation PAC / Individual Loan  Other (please specify)	(Mo., Day, Year)    04	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Willie Bozeman  Wailing Address Post Office Box 1038  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Self-Employed  Occupation (Required)  Lobbyist  O. Source: Corporation PAC / Individual Loan  Other (please specify)	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Self-Employed  Occupation (Required)  Lobbyist  O. Source: Corporation PAC V Individual Loan  Other (please specify)  Full name  Crymes G. Pittman  Mailing Address	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Willie Bozeman  Wailing Address Post Office Box 1038  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Self-Employed  Occupation (Required)  Lobbyist  O. Source: Corporation PAC / Individual Loan  Other (please specify)  Full name  Crymes G. Pittman  Mailing Address  110 South President Street	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Self-Employed  Occupation (Required)  Lobbyist  O. Source: Corporation PAC / Individual Loan  Other (please specify)  Full name  Crymes G. Pittman  Mailing Address  110 South President Street  City, State, Zip Code	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Eull name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Self-Employed  Occupation (Required)  Lobbyist  D. Source: Corporation PAC / Individual Loan	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  City, State, Zip Code Jackson, MS 39215  Name of Employer (Required) Self-Employed  Occupation (Required) Lobbyist  O. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Crymes G. Pittman  Mailing Address  110 South President Street  City, Stato, Zip Code Jackson, MS 39201	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$
Full name Willie Bozeman  Mailing Address Post Office Box 1038  Dity, State, Zip Code  Jackson, MS 39215  Name of Employer (Required)  Decupation (Required)  Obbyist  D. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Crymes G. Pittman  Mailing Address  110 South President Street  Dity, State, Zip Code  Jackson, MS 39201  Jame of Employer (Required)	(Mo., Day, Year)    04	receipt this period  \$ 1,000.00  \$
Full name  Wille Bozeman  Mailing Address  Post Office Box 1038  Dity, State, Zip Code  Jackson, MS 39215  Jame of Employer (Required)  Description (Required)  Dobbyist  D. Source: Corporation PAC Individual Loan  Other (please specify)  Juli name  Trymes G. Pittman  Jailing Address  Jailing Ad	(Mo., Day, Year)  O4 / O7 / 16  / / / I  / / / Aggregate year-to-date  Date (Mo., Day, Year)	receipt this period  \$ 1,000.00  \$

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens
Reporting period_	January 1, 2016		through	April 30, 2016

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	04 / 11 / 16	
David P. Pitre, Esq.		\$ 2,500.00
Mailing Address		\$
3506 Washington Avenue, Suite G		<b>4</b> L
Ćity, State, Zip Code		e
Gulfport, MS 39507		\$
Name of Employer (Required)		e /
Silbert, Garon, Pitre, & Friedman		\$
Occupation (Required)	Aggregate	\$ 2.500.00
Attorney	year-to-date	<b>5</b> 2,500.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
James R. Reeves, Jr.	04' / 11 / 16	\$ 5,000.00
Mailing Address	F F F	
160 Main Street		\$
City, State, Zip Code		
Biloxi, MS 39530	<u>//</u>	\$
Name of Employer (Required)		\$
Reeves & Mestayer		
Occupation (Required) Attorney	Aggregate	\$ 5,000.00
	year-to-date	The second secon
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	04 / 14 / 16	\$ 1,000.00
Dennis C. Sweet III, P.A.		Φ [1,000.00
Mailing Address		\$
158 East Pascagoula Street		
City, State, Zip Code		\$
lackson, MS 39201		I 10,000
lame of Employer (Required) Dennis C. Sweet III. PA		\$
Occupation (Required)	A 1	
Attorney	Aggregate year–to-date	\$ 1,000.00
). Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐	year to dute	A
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
ull name	04 / 14 / 16	<u> </u>
Cardan Enterprises LLC	<u>104.</u> / <u>114.</u> / <u>110.</u>	\$ 2,500.00
lailing Address		<b>\$</b> [
		ΨΙ
878 Fannin Landing Circle	<u> </u>	*
ity, State, Zip Code		\$ [
ity, State, Zip Code Brandon, MS 39047		\$ [
ity, State, Zip Code Brandon, MS 39047 ame of Employer (Required)		\$
ity, State, Zip Code Brandon, MS 39047 Iame of Employer (Required) Iardan Enterprises, LLC		\$
ity, State, Zip Code Brandon, MS 39047 ame of Employer (Required)	Aggregate year-to-date	

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Name of Candidat	e or Committee	Committee to	Re-Elect Jim	Kitchens	:
Reporting period	January 1. 2016		through	April 30, 2016	

A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	04 / 14 / 16	\$ 2,500.00
Lisa Blue Baron		Ψ [2,500,00
Mailing Address		\$
Post Office Box 802044		
City, State, Zip Code  Dallas, TX 75380		\$
Name of Employer (Required)		
Self		\$
Occupation (Required) Attorney	Aggregate year–to-date	\$ 2,500.00
B. Source: Corporation PAC / Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	04 / 13 / 16	\$ 250.00
Brad Morris		\$ 250.00
Mailing Address		\$
Post Office Box 2136	Samuel Samuel	
City, State, Zip Code Oxford, MS 38655		\$
Name of Employer (Required)		<u> </u>
Brad Morris Law Firm, PLLC		\$
Occupation (Required)	Aggregate	\$ 250.00
		I W (250) (R) I
Attorney	year–to-date	120000000000000000000000000000000000000
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
C. Source Corporation PAC Individual Loan	Date	Amount of each receipt this period
Other (please specify)  Full name	Date	Amount of each receipt
Other (please specify)	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address	Date	Amount of each receipt this period
Other (please specify)  Full name	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address	Date	Amount of each receipt this period
Other (please specify)  Full name  Mailing Address  City, State, Zip Code	Date (Mo., Day, Year)  / / / / / / / / / / Aggregate	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Jame of Employer (Required)	Date (Mo., Day, Year)	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code	Date (Mo., Day, Year)  / / / / / / / / / / Aggregate	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Jame of Employer (Required)  Decupation (Required)  Decupation (Required)  Decupation (Required)	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Jame of Employer (Required)  Occupation (Required)  O. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Other (please specify)  Full name  Mailing Address  Dity, State, Zip Code  Jame of Employer (Required)  Decupation (Required)  Other (please specify)  Other (please specify)  July name  Mailing Address	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Jame of Employer (Required)  Occupation (Required)  O. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  Dity, State, Zip Code  Jame of Employer (Required)  Decupation (Required)  Other (please specify)  Other (please specify)  July name  Mailing Address	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Jame of Employer (Required)  Occupation (Required)  Other (please specify)  Full name  Other (please specify)  Full name  failing Address  City, State, Zip Code	Date (Mo., Day, Year)  Aggregate year-to-date    Date (Mo., Day, Year)	Amount of each receipt this period  \$
Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Lame of Employer (Required)  Occupation (Required)  Other (please specify)  Other (please specify)  Full name  Mailing Address	Date (Mo., Day, Year)  / / / / / / / Aggregate year-to-date  Date	Amount of each receipt this period  \$

	Committee	to Re	-Elect	Jim	Kitche	ns
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through April 30, 2016

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A. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	03 / 08 / 16	<b>\$</b> 2,000.00
City, State, Zip Code Brandon, MS 39047	03 / 31 / 16	<b>\$</b> 2,250.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
B. Full name Pam Johnson / Abelson Enterprises, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 114 Bent Creek Drive	04 / 15 / 16	\$ 2,250.00
City, State, Zip Code Brandon, MS 39047	03 / 31 / 16	<b>\$</b> 2,250.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	<b>\$</b> 8,750.00
C. Full name Harland Clarke	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 15955 La Cantera Parkway	03 / 08 / 16	\$ 100.88
City, State, Zip Code San Antonio, TX 78256	//	\$
Purpose of Disbursement (Optional) Checks for Campaign Account	Aggregate Year-to-date	<b>\$</b> 100.88
D. Full name AT&T	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 536216	03 / 18 / 16	<b>\$</b> 161.82
City, State, Zip Code Atlanta, GA 536216	04 / 12 / 16	<b>\$</b> 60.80
Purpose of Disbursement (Optional) Uverse Internet for Campaign Headquarters	Aggregate Year-to-date	\$ 222.62
E. Full name Wal-Mart Store 0954	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 527 Lake Street	03 / 22 / 16	<b>\$</b> 303.26
City, State, Zip Code Hazlehurst, MS 39083	//	\$
Purpose of Disbursement (Optional) Office Supplies for Campaign Headquarters	Aggregate Year-to-date	<b>\$</b> 303.26
F. Full name United States Post Office	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 301 East Marion Avenue	03 /24 /16	\$ 98.00
City, State, Zip Code	<u> </u>	\$
Crystal Springs, MS 39059	-	<b>J</b>

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1, 2016	through through

A. Full name		
Matrix Solutions	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 117 Mill Creek Corner	03 / 31 / 16	<b>\$</b> 1,924.93
City, State, Zip Code Brandon, MS 39047	//	\$
Purpose of Disbursement (Optional) Computer, etc. for Campaign	Aggregate Year-to-date	<b>\$</b> 1,924.93
B. Full name Dallas Printing	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 902	03 / 28 / 16	<b>\$</b> 606.69
City, State, Zip Code Jackson, MS 39205	//	\$
Purpose of Disbursement (Optional) Campaign Letterhead, Envelopes, and Business Cards	Aggregate Year-to-date	§ 606.69
<b>C. Full name</b> Copiah Bank, N.A.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 31	04 / 29 / 16	\$ 60.50
City, State, Zip Code Hazlehurst, MS 39083	//	\$
Purpose of Disbursement (Optional) Bank/Service Charges (Collective)	Aggregate Year-to-date	<b>\$</b> 60.50
D, Full name Northwest IB Middle School	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 7020 Highway 49	03 / 30 / 16	<b>\$</b> 250.00
City, State, Zip Code Jackson, MS 39213	!!	\$
Purpose of Disbursement (Optional) Donation for Debate Team's travels to Regionals	Aggregate Year-to-date	<b>\$</b> 250.00
<b>E. Full name</b> Magnolia Bar Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 648	03 / 30 / 16	<b>\$</b> 150.00
City, State, Zlp Code Jackson, MS 39205	//	\$
Purpose of Disbursement (Optional) Judicial Registration Dues for Annual Meeting	Aggregate Year-to-date	<b>\$</b> 150.00
<b>F. Full name</b> Women for Progress PAC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling <b>Address</b> Post Office Box 1179	03 / 31 / 16	\$ 50.00
City, State, Zip Code lackson, MS 39215	11	\$
Purpose of Disbursement (Optional) /oter Education	Aggregate Year-to-date	<b>\$</b> 50.00

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Name	of	Candidate	or	Co	mm	ittee
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Committee	to	Re-E	lect.	Jim	Kitch	ens

Reporting period Apple through Apple Apple

A. Full name Trevor Goring c/o Susan Clark / National Media Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 613 North Commerce Avenue	04 / 01 / 16	\$ 500.00
City, State, Zip Code Front Royal, VA 2263	//	\$
Purpose of Disbursement (Optional) Notecards	Aggregate Year-to-date	\$ 500.00
B. Full name Copiah Academy	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Post Office Box 125	04 / 04 / 16	\$ 120.00
City, State, Zip Code Gallman, MS 39077	//	\$
Purpose of Disbursement (Optional) Football Ad	Aggregate Year-to-date	\$ 120.00
C. Full name City Services	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 23092	04 /12 / 16	<b>\$</b> 14.83
City, State, Zip Code Jackson, MS 39225	/	\$
Purpose of Disbursement (Optional) Water, Garbage and Sewer	Aggregate Year-to-date	<b>\$</b> 14.83
D. Full name CSpire	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 798	04 / 13 / 16	§ 85.92
City, State, Zip Code Meadville, MS 39653		\$
Purpose of Disbursement (Optional) Campaign Phones	Aggregate Year-to-date	<b>\$</b> 85.92
	rear-to-uate	
	Date	Amount of each disbursement this period
Joyce Neville  Mailing Address		Amount of each disbursement this period
E. Full name Joyce Neville  Mailing Address 403 Garden Park Cove  City, State, Zip Code  Brandon, MS 39047	Date (Mo., Day, Year)	disbursement this period
Joyce Neville  Mailing Address  403 Garden Park Cove  City, State, Zip Code	Date (Mo., Day, Year)	disbursement this period
Joyce Neville  Mailing Address 403 Garden Park Cove  City, State, Zip Code  Brandon, MS 39047  Purpose of Disbursement (Optional)	Date (Mo., Day, Year)  04 / 15 / 16	\$ 516.67 \$ 775.00 \$ 1,291.67
Joyce Neville  Mailing Address 403 Garden Park Cove  City, State, Zip Code Brandon, MS 39047  Purpose of Disbursement (Optional) Salary F. Full name	Date (Mo., Day, Year)	\$ 516.67 \$ 775.00 \$ 1,291.67
Joyce Neville  Mailing Address 403 Garden Park Cove  City, State, Zip Code  Brandon, MS 39047  Purpose of Disbursement (Optional)  Salary  F. Full name A2Z Printing  Mailing Address	Date (Mo., Day, Year)	s 516.67  \$ 775.00  \$ 1,291.67  Amount of each disbursement this period

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1, 2016	through April 30, 2016

A. Full name	T	T
Atmos Energy	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 790311	04 / 18 / 16	<b>\$</b> 59.15
City, State, Zip Code St. Louis, MO 63179	//	\$
Purpose of Disbursement (Optional) Natural Gas at Campaign Office	Aggregate Year-to-date	<b>\$</b> 59.15
B. Full name Entergy Mississippi, Inc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 8105	04 / 18 / 16	\$ 69.95
City, State, Zip Code Baton Rouge, LA 70891	/	s
Purpose of Disbursement (Optional) Electricity/Lights	Aggregate Year-to-date	<b>\$</b> 69.95
C. Full name Chase	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 15123	04 / 19 / 16	<b>\$</b> 845.55
City, State, Zip Code Wilmington, DE 19850		\$
Purpose of Disbursement (Optional) Refrigerator, Huggies, and supplies	Aggregate Year-to-date	<b>\$</b> 845.55
D. Full name Jim Kitchens	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 113	04 / 19 / 16	<b>\$</b> 325.00
City, State, Zip Gode Crystal Springs, MS 39059	//	s
Purpose of Disbursement (Optional) Reimbursement of personal check written for 2016 Wildcat Championship Fund	Aggregate Year-to-date	<b>\$</b> 325.00
<b>E. Full name</b> Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 745 Gardner Street	03 / 08 / 16	<b>\$</b> 2,750.00
City, State, Zip Code lackson, MS 39209	03 / 31 / 16	<b>\$</b> 5,500.00
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
F. Full name Jared Turner	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Add <b>ress</b> 745 Gardner Street	04 / 15 / 16	\$ 2,750.00
City, State, Zip Code ackson, MS 39209	04 / 29 / 16	\$ 2,750.00
Purpose of Disbursement (Optional) alary	Aggregate Year-to-date	<b>\$</b> 13,750.00

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Name of Candidate or Committee	Committee to Re-Elect Jim Kitchens
Reporting period January 1, 2016	through April 30, 2016

A. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address Post Office Box 931	03 / 31 / 16	\$ 2,537.50
City, State, Zip Code Flora, MS 39071	04 / 15 / 16	<b>\$</b> 2,537.50
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
B. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	04 / 29 / 16	\$ 2,500.00
City, State, Zip Code Flora, MS 39071	//	\$
Purpose of Disbursement (Optional) Salary	Aggregate Year-to-date	\$
C. Full name Bill Washington	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address Post Office Box 931	04 / 13 / 16	<b>\$</b> 100.00
City, State, Zip Code Flora, MS 39071	04 / 29 / 16	<b>\$</b> 277.50
Purpose of Disbursement (Optional)  Expenses: Gas Reimbursement, Phone, Volunteers, and Tickets for function	Aggregate Year-to-date	<b>\$</b> 7,952.50
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//16	\$
City, State, Zip Code Haz	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	/	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$